

CHAPTER 1 SECTION 25.1

PHYSICAL THERAPY

Issue Date: April 19, 1983

Authority: [32 CFR 199.4\(b\)\(2\)\(xi\)](#), [\(b\)\(3\)\(vii\)](#), and [\(c\)\(3\)\(x\)](#)

I. PROCEDURE CODE RANGE

97001 - 97002, and 97010 - 97799

II. DESCRIPTION

A. The treatment by physical means, hydrotherapy, heat, or similar modalities, physical agents, bio-mechanical and neuro-physiological principles, and devices to relieve pain, restore maximum function, and prevent disability following disease, injury or loss of a body part.

B. Physical therapy services consist of the physical evaluation of a patient by muscle testing and other means and the prescribed therapeutic treatment and services of a definite functional nature. Physical therapy services must be prescribed by a physician and professionally administered to aid in the recovery from disease or injury to help the patient in attaining greater self-sufficiency, mobility, and productivity through exercises and other modalities intended to improve muscle strength, joint motion, coordination, and endurance. If performed by other than a physician, a physician (or other authorized individual professional provider acting within the scope of his/her license) should refer the patient for treatment and supervise the physical therapy.

III. POLICY

A. Benefits are payable for inpatient or outpatient physical therapy services which are medically necessary for the treatment of a covered condition and which meet all the following criteria:

1. The services must be furnished by an authorized provider:

a. For services billed by an authorized individual professional provider, if not performed by a physician, they must be performed by a licensed, registered physical therapist or other authorized individual professional provider acting within the scope of his/her license (e.g., physician assistant) under the general supervision of a physician, or other authorized individual professional provider acting within the scope of his/her license (e.g., nurse practitioner). Referral and supervision are required for services billed by a licensed, registered physical therapist.

OR

b. For services billed under the name of an authorized institutional provider, the services must be provided by an employee of the authorized institutional provider in accordance with generally accepted norms for clinical practice.

2. The services must be directly and specifically related to an active written treatment regimen.

3. There must be a reasonable expectation that the service will produce significant improvement in the patient's condition in a reasonable and generally predictable period of time or that the services are necessary to the establishment of a safe and effective maintenance program required in connection with a specific medical condition.

B. The services must be considered under accepted standards of medical practice to be specific and effective treatment for the patient's medical condition.

C. The contractor will reimburse charges for covered physical therapy services based on the appropriate CPT codes for the services billed on the claim.

D. Physical therapists are not authorized to bill using Evaluation and Management (E & M) codes listed in the Physicians' Current Procedural Terminology.

IV. POLICY CONSIDERATIONS

A. The following specific physical therapy services are covered:

1. Evaluation procedures, including testing of joint range of motion and mobility, skeletal muscle strength, posture and gait, limb length and circumference, activities of daily living, pulmonary function, sensation and sensory perception, reflexes and muscle tone, sensorimotor and other skilled performance.

2. Massage, cold packs, ice, ice massage, hydrotherapy, hot pack, hydrocollator, infra-red treatments, paraffin and fluidotherapy, when the condition of the patient is such that the skills of a qualified provider are required or when provided as a prerequisite to skilled physical therapy. Hot and cold packs are included across all other professional services. Hence, procedure code 97010 is not to be paid separately for dates of services on or after March 1, 1997.

3. Therapeutic massage to include "Spray and Stretch," when included as part of an overall physical therapy treatment plan. (No separate payment is allowed for the application of methane spray.)

4. Ultrasound, short-wave, microwave diathermy, ultraviolet, traction, transcutaneous nerve stimulation, iontophoresis and alternate vascular compressor.

5. Mobility evaluation and training, when included as part of an overall physical therapy treatment plan and when there is a reasonable expectation that the patient's ability to ambulate or motate will improve.

6. Therapeutic exercises which require the skills of a qualified provider.
7. Range of motion tests are covered if related to restoration of specific loss of function. Range of motion exercises require the skills of a qualified provider only when they are a part of the active treatment of a specific condition which has resulted in loss or restriction of mobility.
8. Postural drainage, vibration and cupping, breathing exercises, intermittent positive pressure breathing treatments and chest wall mobilization, when provided in the treatment of chronic respiratory diseases.
9. Charges for electrical stimulation (to control pain or to prevent disuse atrophy following prolonged immobilization, injury, or surgery) when rendered by a certified physical therapist practicing within the scope of state licensure where the services are rendered when determined to be medically necessary and appropriate.
10. Charges for a functional electrical stimulation (in spinal cord injury and other motor neuron conditions) when rendered by a certified physical therapist practicing within the scope of state licensure where the services are rendered when determined to be medically necessary and appropriate. Refer to [Chapter 7, Section 3.17](#).
11. Charges for debridement when rendered by a certified physical therapist practicing within the scope of state licensure where the services are rendered when determined to be medically necessary and appropriate.

B. Claims submission:

1. Providers are to be encouraged to submit claims monthly for ongoing physical therapy services.
2. At a minimum, all claims must indicate the diagnosis and related functional impairment for which therapy is prescribed, the specific modalities or procedures performed and must identify the specific number of sessions per week, the dates of service, the provider name, and the provider address.

C. **Out-of-systems** claims adjudication:

1. **If the initial claim does not contain all the above minimum required medical information, the applicable controlled development standards apply as stipulated in OPM Part Two, Chapter 1, Section V.B.**
2. Payment may be made for up to 20 physical therapy sessions, to include patient evaluation and any session for treatment plan development or adjustment, per calendar year without medical review.
3. Medical review is required for claims for treatment exceeding 20 sessions per calendar year limit, or 2 sessions per week, or for physical therapy treatment which is not completed within 60 days. The supervising physician or other authorized individual professional provider (acting within the scope of their license) is required to submit the medical documentation for any physical therapy treatment exceeding the 20 sessions per

calendar year limit, or 2 sessions per week, or for physical therapy treatment not completed within 60 days. This medical documentation is to be used by the claims processors for their medical review. The following medical documentation is required:

- a. Diagnosis and brief description of the related functional impairment(s) for which physical therapy is prescribed, including date of onset of the impairment;
- b. A treatment plan which includes:
 - (1) Identification of long and short-term goals;
 - (2) Treatment objectives;
 - (3) Identification of the specific modalities and exercises to be used in treatment;
 - (4) The frequency of continued therapy sessions (length of sessions is not required);
 - (5) Duration of continued treatment;
 - (6) Documentation of continued progress. (Benefits cannot be extended beyond the point where the patient can reasonably be expected to benefit significantly from continued physical therapy).

4. Monthly medical review is required for subsequent claims which request additional physical therapy services beyond the initial medical review requirement outlined above. Documentation requirements for those claims requiring monthly medical reviews shall be the same as those required for the initial medical review.

D. Frequency of physical therapy.

Two physical therapy sessions per week are generally considered sufficient for most conditions. Payment may be made for more than 2 sessions per week if medical review determines it is medically necessary.

E. Duration of physical therapy.

Most physical therapy treatment should be completed within 60 days. In any case where physical therapy continues longer than 60 days, medical review is required to determine the medical necessity for additional care.

F. Condition and problem sets.

The following sets of conditions and associated problems will be used for screening claims. When a claim is received for one of the conditions listed, the initial qualified provider's certification should contain evidence of one or more of the problems in the corresponding list. (The problems can be associated with any of the conditions related to a specific dysfunction.) If a claim is received for a condition or a problem not listed, the claim should be submitted to medical review for an assessment of the necessity for physical

therapy. Claims or initial qualified provider's certifications which contain documentation of one or more of the listed problems or conditions must also meet all other coverage requirements in order to be paid.

1. DYSFUNCTION: SPINAL COLUMN CONDITIONS

a. Conditions

- (1) Compression fracture
- (2) Degenerative osteoarthritis
- (3) Flexion-extension injury
- (4) Fusion
- (5) Herniated nucleus pulposus
- (6) Kyphosis
- (7) Lordosis
- (8) Nerve root compression
- (9) Nerve root irritation
- (10) Osteoporosis
- (11) Paraplegia
- (12) Post laminectomy
- (13) Quadriplegia
- (14) Radiculitis
- (15) Radiculopathy
- (16) Ruptured or prolapsed disc
- (17) Sciatica
- (18) Spina bifida
- (19) Spondylolisthesis
- (20) Spondylosis
- (21) Strain or sprain

(22) Subluxation

(23) Torticollis

b. Associated Problems

(1) Abnormal gait pattern

(2) Degenerative disc disease

(3) Guarding

(4) Headaches

(5) Hypermobility or hypomobility of joints

(6) Improper posture and/or body mechanics

(7) Inadequate chest excursion

(8) Lack of functional range of motion, strength and/or motor control

gait.
(9) Lack of mobility skills for activities of daily living (ADL), transfers and

(10) Lack or, decreased, or changes in sensation

(11) Muscle spasm

(12) Muscular imbalance

(13) Need of equipment and/or adaptive devices

(14) Pain

(15) Paralysis

(16) Presence of trigger points

(17) Weakness

2. DYSFUNCTION: MUSCULOSKELETAL CONDITIONS

a. Conditions

(1) Acromioclavicular separation

(2) Adhesive capsulitis

(3) Arthrogryposis multiplex congenita

- (4) Bone graft
- (5) Bursitis
- (6) Chondromalacia
- (7) Crush injuries
- (8) Dupuytren's contracture
- (9) Fractures
- (10) Frozen shoulder
- (11) Hemarthrosis
- (12) Internal derangement
- (13) Mechanical low back pain including that associated with pregnancy
- (14) Post-dislocation
- (15) Post-fractures
- (16) Rotator cuff tear
- (17) Ruptured ligaments, tendons, muscles
- (18) Shoulder-hand syndrome
- (19) Slipped epiphysis
- (20) Strain or sprain
- (21) Synovitis
- (22) Tendonitis

b. Associated Problems

- (1) Abnormal gait pattern
- (2) Contractures
- (3) Disuse atrophy - deconditioning
- (4) Joint instability
- (5) Lack of functional range of motion (ROM) and/or strength

- (6) Lack of joint play
- (7) Muscle guarding/spasm
- (8) Muscular wasting
- (9) Need for muscle re-education
- (10) Pain

3. DYSFUNCTION: POST-SURGICAL CONDITIONS

a. Conditions

- (1) Amputation
- (2) Arthrodesis
- (3) Arthrotomy
- (4) Bunionectomy
- (5) Cardiac surgery
- (6) Disarticulation
- (7) Hip prosthesis
- (8) Joint fusion
- (9) Joint manipulation
- (10) Ligament and tendon repairs
- (11) Mastectomy
- (12) Open reduction--internal fixation
- (13) Patellectomy
- (14) Tendon transfer
- (15) Thoracotomy
- (16) Total ankle arthroplasty
- (17) Total hip arthroplasty
- (18) Total knee arthroplasty

(19) Total shoulder arthroplasty

(20) First rib resection

b. Associated Problems

(1) Abnormal gait pattern

(2) Contractures

(3) Decreased endurance

(4) General deconditioned state

(5) Improper posture and or body mechanics

(6) Inability or incapability of preserving functional ROM and/or strength

(7) Lack of mobility skills for ADL, transfers, gait

(8) Muscle guarding/spasm

(9) Need for equipment and/or adaptive devices

(10) Need for muscle re-education

(11) Need for pre/post prosthetic training

(12) Pain

(13) Stump and skin care

4. DYSFUNCTION: RESPIRATORY DISTURBANCES

a. Conditions

(1) Asthma

(2) Bronchiectasis

(3) Bronchitis

(4) Chronic obstructive pulmonary disease

(5) Cor pulmonale

(6) Cystic fibrosis

(7) Emphysema

- (8) Empyema
- (9) Lung infection
- (10) Middle lobe syndrome
- (11) Plural effusion
- (12) Pneumonia
- (13) Respiratory failure
- (14) Tuberculosis

b. Associated Problems

- (1) Decreased endurance
- (2) Establish and review home program
- (3) General deconditioned state
- (4) Inability to mobilize secretions
- (5) Inadequate breathing pattern
- (6) Inadequate chest excursion
- (7) Lack of skill to cope with shortness of breath
- (8) Poor cough
- (9) Shortness of breath with ADL

5. DYSFUNCTION: DECONDITIONED-DETERIORATED STATES

a. Conditions

- (1) Alcoholism
- (2) Cancer
- (3) Neurological and cutaneous complication of diabetes mellitus
- (4) Organ transplant
- (5) Renal failure

b. Associated Problems

- (1) Decreased endurance
- (2) General deconditioned state
- (3) Lack of functional ROM, strength and/or motor control
- (4) Lack of mobility skills for ADL, transfer, gait
- (5) Muscle alienation
- (6) Pain

6. DYSFUNCTION: ARTHRITIS AND RHEUMATISM

a. Conditions

- (1) Acute arthritis or polyarthritis due to infection
- (2) Ankylosing spondylitis
- (3) Degenerative arthritis
- (4) Degenerative joint disease
- (5) Dermatomyositis
- (6) Juvenile rheumatoid arthritis
- (7) Osteoarthritis
- (8) Polymyositis
- (9) Rheumatoid arthritis
- (10) Scleroderma
- (11) Synovitis
- (12) Systemic lupus erythematosus
- (13) Traumatic arthritis

b. Associated Problems

- (1) Abnormal gait pattern
- (2) Breathing difficulties secondary to deformities
- (3) Contractures

- (4) Decreased endurance
- (5) General deconditioned state
- (6) Improper posture and/or body mechanics
- (7) Incapability of preserving ROM and/or strength
- (8) Lack of functional ROM, strength, and or motor control
- (9) Lack of knowledge of joint preservation
- (10) Lack of mobility skills for ADL, transfers, or gait
- (11) Muscle guarding/spasm
- (12) Need for equipment and/or adaptive devices
- (13) Pain
- (14) Presence of inflammatory process
- (15) Stress control - joint protection

7. DYSFUNCTION: VASCULAR DISEASE

a. Conditions

- (1) Buerger's disease
- (2) Cellulitis
- (3) Congestive heart failure
- (4) Gangrene
- (5) Intermittent claudication
- (6) Lymphedema
- (7) Myocardial infarction
- (8) Peripheral vascular disease
- (9) Phlebitis
- (10) Transient ischemic attacks
- (11) Varicose veins

(12) Venous ulcers

b. Associated Problems

- (1) Decreased endurance
- (2) Edema
- (3) General deconditioned state
- (4) Pain
- (5) Presence of inflammatory process
- (6) Slow wound healing
- (7) Wound infection

8. DYSFUNCTION: PERIPHERAL NERVE

a. Conditions

- (1) Amyotrophic lateral sclerosis
- (2) Bell's palsy
- (3) Carpal tunnel syndrome
- (4) Erb's palsy
- (5) Guillain-Barre syndrome
- (6) Herpes zoster
- (7) Klumpke's paralysis
- (8) Myasthenia gravis
- (9) Neuralgia
- (10) Neuritis
- (11) Peripheral nerve injury
- (12) Peripheral neuropathy
- (13) Polio
- (14) Polyneuritis

- (15) Polyradiculitis
- (16) Reflex sympathetic dystrophy
- (17) Stretch palsies
- (18) Thoracic outlet syndrome

b. Associated Problems

- (1) Decreased coordination
- (2) General deconditioned state
- (3) Improper posture and or body mechanics
- (4) Change or decrease in sensation
- (5) Lack of functional ROM, strength and/or motor control for ADL
- (6) Lack of mobility skills
- (7) Muscle alienation
- (8) Muscle guarding/spasm
- (9) Need for equipment or adaptive devices
- (10) Need for muscle re-education
- (11) Pain

9. DYSFUNCTION: NERVOUS SYSTEM

a. Conditions

- (1) Brain tumor
- (2) Cerebral arterial sclerosis
- (3) Cerebral atrophy
- (4) Cerebral palsy
- (5) Comatose/semi-comatose
- (6) Concussion
- (7) CVA (stroke, hemiparesis)

- (8) Encephalitis
- (9) Hydrocephalus
- (10) Meningitis
- (11) Mental retardation
- (12) Multiple sclerosis
- (13) Paralysis agitans
- (14) Parkinsonism
- (15) Subdural hematoma
- b. Associated problems
 - (1) Spasticity, flaccidity
 - (2) Hypertonicity, hypotonicity, fluctuating tone, rigidity, athetosis
 - (3) Absence of righting reaction or equilibrium response
 - (4) Ataxia
 - (5) Contractures
 - (6) Decubitus ulcers
 - (7) Developmental sequence
 - (8) Disturbances of perception, sensation or proprioception
 - (9) Edema
 - (10) Impaired balance
 - (11) Lack of cognitive function (level of awareness)
 - (12) Lack of functional ROM, strength or motor control for ADL
 - (13) Lack of mobility skills
 - (14) Muscle imbalance
 - (15) Need for equipment or adaptive devices
 - (16) Poor coordination

(17) Presence of primitive or pathological reflexes

10. DYSFUNCTION: SKIN

a. Conditions

- (1) Burns
- (2) Decubitus ulcers
- (3) Open wounds
- (4) Psoriasis
- (5) Soft tissue ulceration

b. Associated Problems

- (1) Contractures
- (2) General deconditioned state
- (3) Improper posture or body mechanics
- (4) Inability or incapability of preserving ROM or strength
- (5) Lack of functional ROM, strength or motor control for ADL, transfers, or
gait
- (6) Lack of mobility skills
- (7) Need for wound cleaning, debridement, or dressing
- (8) Pain
- (9) Presence of active inflammatory process
- (10) Slow wound healing
- (11) Splinting
- (12) Wound infection

V. EXCLUSIONS

A. The following services are not covered:

- 1. Diathermy, ultrasound, and heat treatments for pulmonary conditions.

2. General exercise programs, even if recommended by a physician (or other authorized individual professional provider acting within the scope of their license).
 3. Electrical nerve stimulation used in the treatment of upper motor neuron disorders such as multiple sclerosis.
 4. Separate charges for instruction of the patient and family in therapy procedures.
 5. Repetitive exercise to improve gait, maintain strength and endurance, and assistive walking such as that provided in support of feeble or unstable patients.
 6. Range of motion and passive exercises which are not related to restoration of a specific loss of function, but are useful in maintaining range of motion in paralyzed extremities.
 7. Gait analysis (also known as a walk study evaluation or electrodynogram) is considered unproven and is not covered.
 8. Maintenance physical therapy after a therapy program has been designed.
 9. Services of chiropractors and naturopaths whether or not such services would be eligible for benefits if rendered by an authorized provider.
- B. The physical therapy limitations outlined in the 32 CFR 199 should not be applied to osteopathic manipulation. (See [Chapter 1, Section 25.2](#) on Osteopathic Manipulative Therapy.)
- C. Services performed by a physical therapy assistant, who is employed by an independent professional provider, may not be cost-shared. Also, see [Chapter 8, Section 11.1](#).

- END -

